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MA

**** CONTINUING DATA *******

This appln claims benefit of 60/338,956 11/05/2001 and claims benefit of 60/268,075 02/12/2001

**** FOREIGN APPLICATIONS *******

FD

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

05/03/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials <i>AB</i>	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 51	INDEPENDENT CLAIMS 8
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ADDRESS

59819

TITLE

HUMAN MONOCLONAL ANTIBODIES TO FC ALPHA RECEPTOR (CD89)

FILING FEE RECEIVED 2380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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